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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

UL 10 2015 O. PRUCE

COVER LETTER ,

r	•		7	Se ·	Δį.
TO: Registration Division of C					
PTP F	HOLDINGS, LLC				
SOBJECT.		Name of Limited Liab	oility Company		
Dear Sir or Madam:					
	a. C		_		
	ent of Correction and fee(s)		_		
Please return all corre	espondence concerning this	matter to the following	g:		
Philip M. DiCom	10				
	Name of Person		_		
Haile, Shaw & F	Pfaffenberger, P.A.				
	Firm/Company		_		
660 U.S. Highw	ay One - Third Floor				
	Address		_		
North Palm Bea	ach, FL 33408				
	City/State and Zip Code		_		
pdicomo@haile	shaw.com				
E-mail address:	(to be used for future annu	ual report notification)	_		
				2012 SEC ALL	
For further information	on concerning this matter, p	please call:		AHA AHA	T
Philip M. DiCom	10	561	627-8100	38.5.4 48.4.4.	-
	ne of Person	at (at Code	_)	- P.	
1101	no 01 1 013011	Adda code	Daytime Telephone Pulmoei	INO.1 INI.S ISI O	D
STREET/COURIE	R ADDRESS:		MAILING ADDRESS:	: 36 VIE AUDA	
Registration Section			Registration Section	- 0	
Division of Corporati Clifton Building	ions		Division of Corporations P.O. Box 6327		
2661 Executive Center	er Circle		Tallahassee, Florida 32314		
Tallahassee, Florida					
Enclosed is a check	for the following amount:	:			
■ \$25 Filing Fee	□ \$30 Filing Fee & Certificate of Status	□ \$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy		
CR2E062 (2/14)					

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to	section 605.0209, F.S., this document is being		isly filed document.			
FIRST:	The name of the limited liability company is: PTP HOLDINGS, LLC					
SECOND:	The Florida Document number of the limite	ed liability company is: L150	00037430			
THIRD:	Document to be corrected is:					
	Articles of Organization					
Ú	CHECK THE APPROPRIATE BOX AND COM	APLETE THE APPLICABLE	STATEMENT			
	ntains an incorrect statement. The incorrect statement are as follows:	tement, the reason the statemen	nt is incorrect, and the			
Art	icle IV (Management) names Mark F. Terp	eney as an Authorized Men	nber of			
the	Company. Mr. Terpeney does not accept	the position, nor has he ac	ted in			
the	position of an Authorized Member of the C	company. The corrected sta	itement			
is:	[See Attached	Rider]				
OR						
☐ Wa:	s defectively signed. The manner in which the rection are as follows:	document was defectively sig	ned and the appropriate			
			2015 JUJ SECRE)			
OR			SSEE.			
☐ The	electronic transmission of the record was defe	pti ve.	D P.			
<u>Q.</u>	gle Pitale	April 1, 2015	2: 3b			
Signatu	re of Authorized Representative	Date				

Filing Fee: Certified Copy:

\$25.00

\$30.00 (optional)

STATEMENT OF CORRECTION

The corrected statement is:

ARTICLE IV - MANAGEMENT

The name and address of each person authorized to manage and control the Company:

Title	Name and Address
AMBR	Frank Pitale, III 105 Beach Summit Court Jupiter, FL 33477
AMBR	Angela J. Pitale 105 Beach Summit Court Jupiter, FL 33477

SECRETARY OF STATE